

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008429

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**  
**FILED MAR 1 1962**Primary Registration District No. **1003**Registrar's No. **2641**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Anthony's Hospital**Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**c. CITY OR TOWN **Mehlville** Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location) **RR8 Box 665** Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**ARTHUR****N****MAGNAN**

4. DATE OF DEATH

Month

Day

Year

**March****6****1962**

5. SEX

**male**

6. COLOR OR RACE

**white**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**12/1/1885**

9. AGE (last birthday)

**76**

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**retired**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Canada**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**William B Magnan**

13b. MOTHER'S MAIDEN NAME

**Elizabeth Lloyd**

14. NAME OF HUSBAND OR WIFE

**Mary Belle**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mary Belle Magnan****Kerth Rd.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cardiac Failure**

INTERVAL BETWEEN ONSET AND DEATH

**3 hours**

DUE TO (b)

**Carcinoma of Prostate****2 weeks?**

DUE TO (c)

**Arteriosclerosis / Heart Disease****16 years.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**4200.H**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **March 1946** to **March 6th 1962** and last saw him alive on **March 6th 1962**  
Death occurred at **12:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**W. L. Smith, M.D.****4617 W. Abbe Ave****3/8/62**23a. BURIAL, CREMATION, REMOVAL (Specify)  
**removal**

23b. DATE

**3/9/1962**

23c. NAME OF CEMETERY OR CREMATORY

**Mt. Hope Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis County, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**John L Ziegenhein & Sons 7027 Gravois**

25. DATE RECD. BY LOCAL REG.

**MAR 8 1962**

26. REGISTRAR'S SIGNATURE

**Loard Smith, M.D.**USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Benj

Licensed Embalmer No. 4863

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.